

CATEGORY H

ALCOHOL AND OTHER DRUGS

1. It is generally known that one-half or more of the highway accidents, injuries and fatalities are related to the use of alcohol. Chronic users of alcohol cause more fatal accidents than the combination of all other drivers with medical problems. Hence, an awareness of problems caused by alcohol is essential to the proper granting of driving privileges.
2. Use of other problem causing drugs, whether obtained legally or illegally, can impair a person's driving ability. The nature of these substances is such that continued use creates problems which are recognizable and require special attention in licensing drivers.
3. Users of alcohol and other drugs are well known for their tendency not to report or under-report amounts used. There is a wide individual variation in the effects of such substances. Hence, about the only valid basis for evaluating an applicant's probable safety as a driver is careful appraisal of the person's history including, but not limited to, the past effect upon driving.
4. Adverse personal consequences of alcohol and drug use include (1) physical dependence or withdrawal symptoms, (2) medical or neurological findings associated with effects of alcohol or drug use upon the nervous system or other organs, (3) a history of alcohol or drug related behavioral change indicated by fighting, physical abuse or mood and personality instability, (4) history of alcohol or drug related vehicular accidents or trauma, and (5) convictions involving alcohol.
5. The interaction of prescribed psychoactive medications (antidepressants, benzodiazepines, neuroleptics, sedatives, hypnotics) even when taken in appropriate doses with or without alcohol or illicit drugs may hamper driving ability.
6. Users of mood altering and hallucinogenic drugs are next to users of alcohol in traffic violations. In addition, untoward drug-related experiences, such as flashbacks, or substance withdrawal seizures may be hazardous to driving. Not only "street" drugs (marijuana, amphetamines, LSD, cocaine, PCP, inhalants, etc.), but also inappropriately used prescription or over-the-counter drugs (benzodiazepines, barbiturates, antihistamines, antipsychotics, antidepressants, sedative hypnotics, muscle relaxants, opiates, etc.) increase accident rates, especially when used in combination with alcohol.
7. There is increasing evidence that marijuana may affect driving by causing changes in depth perception, unpredictable alteration of reaction time, illusions of distance, impairment of accuracy of sensory perception, impairment of judgement and periodic lapses of attention, acutely as well as after chronic use. Marijuana, or other drugs, may impair driving even several days after cessation of use.
8. Health care professionals should be alert to the fact that those with substance problems tend to visit them more often than the average, often with vague or non-specific complaints. Patterns that suggest substance abuse include: gastrointestinal symptoms, often atypical; injuries or burns of vague causation; neurologic symptoms; general medical or flu-like symptoms, hypertension or skin problems; psychiatric symptoms, including depression; social maladjustment and interpersonal and work difficulties; and family health problems. Inquiry may lead to a clearer picture of the problem and temporary limiting of driving for the benefit of the public as well as the patient. Persons who have been stabilized by methadone treatment in a recognized clinic may qualify to drive a non-commercial vehicle as long as they remain under supervision.
9. Many young or inexperienced drivers are unaware of the high risks of driving associated with the use of alcohol, especially when mixed with other substances. Making factual information regarding drugs and alcohol and their effects on driving available to young drivers may help them to make safer choices. Health care professionals can effectively help in these educational efforts.

